Financial Fact Sheet 2023-2024



Introduction: The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) has created this Financial Fact Sheet to provide financial transparency to applicants on the true costs to undergo residency and fellowship education.

Instructions: The program will complete Part 1 of this form and publish it on the program's website. The applicant will complete Part 2 of this form.

Part 1: To be Completed by the Program

Program Information

Program Information

Name of Program: Duke University Health System Neurologic Physical Therapy Residency

Physical Address: 40 Medical Circle Drive, Durham NC 27710

Program Hours

Educational Hours: >400

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 1500

Mentoring Hours: >200

Program Travel

Please indicate if participants are required to travel greater than 50 miles for any aspect of patient-care clinic/practice hours (does not include daily commute): No

Please indicate if participants are required to travel greater than 50 miles for any aspect of educational hours: Yes

Participant Costs

The program will provide all costs associated with this program.

Type of Cost	Year One	Year Two	Year Three	Total
Fees Enter the amount of fees associated with the program (if applicable). Fees are any amount \$1,000 or less. If more than \$1,000, please enter that amount under tuition.	\$ 170	\$ Enter amount.	\$ Enter amount.	\$ 170
☐ Fees for this program include:☐ CPR				

□ EMR				
□ APTA-Related Professional				
Membership ⊠ Dues (APTA,				
Section/Academy)				
Other: Indicate other fees.				
	\$ 2400			
	(reimbursed by		•	
Tuition (if applicable)	the program after	\$ Enter	\$ Enter	\$ 2400
, ,	completing	amount.	amount.	
	neuroconsortium)			
	\$ 3950			
Curriculum Costs (not included in tuition	(reimbursed after	\$ Enter	\$ Enter	\$ 3950
above)	completion of	amount.	amount.	\$ 3930
	course)			
Required textbooks, software, apps (not	\$ Enter amount.	\$ Enter	\$ Enter	\$ Tally row
included in program fees)	Ψ Linter amount.	amount.	amount.	amounts.
Application Fees (program assessed	\$ Enter amount.	\$ Enter	\$ Enter	\$ Tally row
above and beyond RF-PTCAS)	,	amount.	amount.	amounts.
Conference Registration Fees (not	\$ 295-330			
included in fees above)	depend on CSM	\$ Enter	\$ Enter	\$ 330
	versus APTA NC	amount.	amount.	4 333
T 10 1 %	resident choice			
Travel Costs (for program education	\$ 1000 (variable	Φ == t = =	↑ □ to to to	
requirements and conference	depending on	\$ Enter	\$ Enter	\$ 1000
attendance, if applicable)	what edu options are chosen)	amount.	amount.	
	,	\$ Enter	\$ Enter	
Parking/Mass-Transit Fees	\$ 15-65	amount.	amount.	\$ 65
		\$ Enter	\$ Enter	\$ Tally row
Mentoring Fees	\$ Enter amount.	amount.	amount.	amounts.
Malaragara	Φ =	\$ Enter	\$ Enter	\$ Tally row
Malpractice Insurance	\$ Enter amount.	amount.	amount.	amounts.
Other program costs not included above:	C Enter consumt	\$ Enter	\$ Enter	\$ Tally row
List other costs.	\$ Enter amount.	amount.	amount.	amounts.
				\$ 7915 but
		\$ Enter	\$ Enter	variable
Total Program Costs	\$ Enter amount.	amount.	amount.	based on
		aiiiouiii.	annount.	options
				chosen

Program Sponsored Financial Assistance

The program will provide any financial assistance provided to participants.

Type of Financial Assistance	Year One	Year Two	Year Three	Total
Salary Paid by Program	\$ 54,060	\$ Enter	\$ Enter	\$ 54,060
Salary Faid by Flogram		amount.	amount.	\$ 54,000
Student Financial Aid (for tuition fee	\$ Enter amount.	\$ Enter	\$ Enter	\$ Tally row
programs only)		amount.	amount.	amounts.
Craduata Assistantahin(s)	\$ Enter amount.	\$ Enter	\$ Enter	\$ Tally row
Graduate Assistantship(s)	Φ Enter amount.	amount.	amount.	amounts.

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Other Assistantship(s)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Scholarships	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Travel Costs/Stipends	\$ 1500 - resident pays upfront for neuroconsortium travel but will be reimbursed after travel is complete	\$ Enter amount.	\$ Enter amount.	\$ 1500
Student Financial Aid (for tuition fee programs only)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
ABPTS Board-Certification Examination Fees	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Other financial assistance not included above: List other financial assistance.	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Total Financial Assistance	\$ 55,560	\$ Enter amount.	\$ Enter amount.	\$ 55,560

Part 2: To be Completed by the Applicant

Program Information – This information can be found on the ABPTRFE Online **Directory**

Program Structure

Program Type: Single Site

Program Format: Full-Time

Program Length: 12 months

2nd Program Format: Select 2nd program format, if applicable.

2nd Program Length: Enter the 2nd program length in months, if applicable

Number of Participant Positions Each Calendar Year: Enter the number of participant positions.

Program Applicant Information

Application Deadline Date: December 1, 2023

Program Start Date: August 1, 2024

2nd Application Deadline Date (if applicable): NA

Program 2nd Start Date: NA

3rd Application Deadline Date (if applicable): NA

Program 3rd Start Date: NA



4th Application Deadline Date (if applicable): NA

Program 4th Start Date: NA

Format for Educational Hours: Both in-person and remote

Affiliated Practice Site Locations: All within close proximity to program's main address

Mentor Appointment to Faculty: Mentors identified by program

Mentor Accessibility: On-site

Applicant Financial Considerations

The applicant will consider the following related to their finances.

Participant Financial Consideration	Year One	Year Two	Year Three	Total
Salary Earned (input your salary, not paid by the program, if you plan to continue	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
your employment while undergoing the program)	amount.	amount.	amount.	amounts.
License Fees	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Licerise Fees	amount.	amount.	amount.	amounts.
Malpractice Insurance (not covered by	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
program)	amount.	amount.	amount.	amounts.
Cost of Living Expenses (Forbes Cost of	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Living Calculator)	amount.	amount.	amount.	amounts.
Student Loan Payments (if unable to defer	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
during program)	amount.	amount.	amount.	amounts.
Subtotal	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Subtotal	amount.	amount.	amount.	amounts.
Loan Forgivoness (if aligible)	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Loan Forgiveness (if eligible)	amount.	amount.	amount.	amounts.
Total Participant Financial Considerations	\$ Subtract	\$ Subtract	\$ Subtract	
	Loan	Loan	Loan	\$ Tally row
	Forgiveness	Forgiveness	Forgiveness	amounts.
	from	from	from	aniounts.
	Subtotal.	Subtotal.	Subtotal.	

Applicant Financial Debt Summary

The applicant will utilize the total program costs, total program financial assistance, and total participant financial consideration, along with their current debt to calculate the cost-benefit ration of completing this program.

Debt	Total
Debt at time of admission to program (current student loan debt)	\$ Enter total current debt.
Total program costs (enter amount from total costs for entire length of program located above)	\$ Enter amount.
Total participant financial considerations (enter amount from total financial considerations for entire length of program located above)	\$ Enter amount.

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Subtotal	\$ Add above amounts.
Total program financial assistance (enter amount from total program financial assistance for entire length of program located above)	\$ Enter amount.
Total Debt After Completion of Program	\$ Subtract program financial assistance from subtotal.

Last Updated: 10/30/2023 Contact: resfel@apta.org